

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

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Madison, WI 53703
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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR ATHLETE AGENT REGISTRATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK ☐ Your name and address are available to the public.
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth _____ month day year	Daytime Telephone Number () - _____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

The athletic agent license expires on July 1 of the even-numbered year. It may be renewed for a two year period at that time.

QUALIFICATION: Mark an X in ONE space indicating how you qualify:

- ☐ Initial license
☐ Reciprocal/licensed in another state (State) _____ (License #) _____

Application Fees: Please make check payable to the Department of Regulation and Licensing and attach to application.

- ☐ \$312 Initial Credential fee
☐ \$312 Reciprocal Credential fee

For Receipting Use Only

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STATEMENT OF ARREST OR CONVICTION:
MARK AN X IN THE APPROPRIATE BOX

If you answer YES to any question, give all details on a separate sheet.

		YES	NO
A.	Have you or any of the persons listed on page 5 ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI) in this or any other state, OR are criminal charges or DWI charges pending against you? <u>If YES, complete and attach Form #2252 with all required documentation.</u>	<input type="checkbox"/>	<input type="checkbox"/>
B.	Has there been any denial of an application for, suspension or revocation of, or refusal to renew, the registration or licensure of the application for you or any of the persons listed on page 5 as an athlete agent.	<input type="checkbox"/>	<input type="checkbox"/>
C.	Has any licensing or credentialing agency ever taken any disciplinary action against you or any of the persons listed on page 5 including but not limited to any warning, reprimand, sanction, suspension, probation, limitation or revocation? If YES attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
D.	Is disciplinary action pending against you or any of the persons listed on page 5 in any jurisdiction? If YES, attach a sheet providing details about the action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
E.	Have you or any of the persons listed on page 5 ever engaged in conduct that resulted in the imposition of a sanction, suspension or declaration of ineligibility to participate in an interscholastic or intercollegiate athletic event on a student athlete or educational institution? If YES, attach a sheet providing explanation signed and dated by the applicant including specific dates and submit copies of all letters of inquiry and resolution.	<input type="checkbox"/>	<input type="checkbox"/>
F.	Have you or any of the persons listed on page 5 ever been the subject of any administrative or judicial determination that the person has made a false, misleading, deceptive or fraudulent representation. If YES, attach a sheet signed and dated by the applicant explaining the circumstances of each incident, a copy of the complaint that states the charges and allegations and a copy of the final judgment that establishes resolution of the charges.	<input type="checkbox"/>	<input type="checkbox"/>
G.	Do you currently hold, or have you or any of the persons listed on page 5 in the past held any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? If YES, what type of credential? _____ And if another name, what name? _____	<input type="checkbox"/>	<input type="checkbox"/>

AFFIDAVIT OF APPLICANT

I state that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect under penalty of perjury. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

 Signature of Applicant

 Date

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APPLICANT'S BUSINESS OR EMPLOYER (If you work alone, list your own name and address.)

Name of Principal Place of Business			
Address of Principal Place of Business			
City	State	Zip Code	Business Telephone Number

☐ I am an employee. Title: _____

Business Structure - check one and submit the disclosure of company owners, partners, officers on page 4

- ☐ Individual Proprietor
- ☐ Corporation
- ☐ Partnership
- ☐ Other (Specify _____)

NOTE: The Wisconsin Department of Regulation and Licensing only licenses individuals for this profession. Each person acting as an athlete agent in Wisconsin must be licensed in this state. Listing the business entry in this section and then providing the officers, partners and/or members on page 4 does not license the business nor does it entitle any of the individuals listed on page 4 to act as an athlete agent. Only the person applying for licensure can act as an athlete agent in Wisconsin when licensed.

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DISCLOSURE OF COMPANY OWNERS, PARTNERS, OFFICERS

NAME OF COMPANY: _____

An applicant for a license must provide the following information:

- **Individual Proprietor:** Provide the name and address of the Owner.
- **Partnership:** Provide the name and address of all General Partners and Limited Partners.
- **Corporation, LLC, Trust, Other:** Provide the name and address of all elected Officers, Directors, Governors, Members, Shareholders owning 5% or more of company stock, and any Managers/Associates/Employees with authority to exercise control in policy or management of the company.

If any owner or partner is also business entity, you must complete this form to disclose the owners/partners/officers/shareholders of that business entity as well.

Name		
Address		City, State, Zip
Title (check one) <input type="checkbox"/> 100% Owner <input type="checkbox"/> Elected Officer (title: _____) <input type="checkbox"/> Shareholder (Percentage of Ownership: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Manager/Associate/Employee with controlling authority <input type="checkbox"/> Limited Partner <input type="checkbox"/> LLC Governor/Member		

Name		
Address		City, State, Zip
Title (check one) <input type="checkbox"/> 100% Owner <input type="checkbox"/> Elected Officer (title: _____) <input type="checkbox"/> Shareholder (Percentage of Ownership: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Manager/Associate/Employee with controlling authority <input type="checkbox"/> Limited Partner <input type="checkbox"/> LLC Governor/Member		

Name		
Address		City, State, Zip
Title (check one) <input type="checkbox"/> 100% Owner <input type="checkbox"/> Elected Officer (title: _____) <input type="checkbox"/> Shareholder (Percentage of Ownership: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Manager/Associate/Employee with controlling authority <input type="checkbox"/> Limited Partner <input type="checkbox"/> LLC Governor/Member		

Name		
Address		City, State, Zip
Title (check one) <input type="checkbox"/> 100% Owner <input type="checkbox"/> Elected Officer (title: _____) <input type="checkbox"/> Shareholder (Percentage of Ownership: _____) <input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Manager/Associate/Employee with controlling authority <input type="checkbox"/> Limited Partner <input type="checkbox"/> LLC Governor/Member		

Signature of Applicant		Date
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EMPLOYMENT HISTORY

Provide employment history for the five (5) years preceding the date of this application. (Attach additional pages if necessary.)

Employer		Position Title	
Address	City	State	Zip
Dates of Employment From _____ / _____ / _____ To _____ / _____ / _____	DESCRIPTION OF DUTIES		

Employer		Position Title	
Address	City	State	Zip
Dates of Employment From _____ / _____ / _____ To _____ / _____ / _____	DESCRIPTION OF DUTIES		

Employer		Position Title	
Address	City	State	Zip
Dates of Employment From _____ / _____ / _____ To _____ / _____ / _____	DESCRIPTION OF DUTIES		

FORMAL TRAINING

Does the applicant have formal training as an athlete agent?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when was formal training obtained?		From _____ / _____ / _____ to _____ / _____ / _____	
Name of training facility: _____		Location: _____	
Provide a description of the formal training:			

PRACTICAL EXPERIENCE

Does the applicant have practical experience as an athlete agent?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when was practical experience obtained?		From _____ / _____ / _____ to _____ / _____ / _____	
At what business was practical experience obtained: _____		Location: _____	
Provide a description of the practical experience:			

EDUCATIONAL BACKGROUND

Does the applicant have educational background related to activities as an athlete agent?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, when was educational background obtained?		From _____ / _____ / _____ to _____ / _____ / _____	
Name of educational facility: _____		Location: _____	
Provide a description of the educational background:			

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CREDENTIALS

Has the applicant acted as an athlete agent during the five (5) years prior to this application?

☐ Yes☐ No

If yes, provide the name, sport and last known team for each individual for whom you acted as an athlete agent during the 5 years prior to submitting this application. (Attach additional sheets if necessary.)

[illegible]

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SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name	Middle Initial	Last Name
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Profession

Date of Birth

month day year

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Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.